

Office use only:

Date/Time Received _____

Amt Paid: _____ Cash ___ Check# _____ FD _____

2020 MASS INTENTION REQUEST FORM

Name: _____

Phone: _____

Minimum of \$5.00 per Mass Request. Please note the following restrictions when requesting your Mass Intentions:

1. Please refrain from requesting two (2) or more Masses for the same individual on the same day
(Example: John Doe on Sunday at 10:00am and 12:15pm)
2. Please refrain from requesting more than two (2) Masses on a Weekend (Saturday/Sunday)
3. Please refrain from requesting more than one (1) Mass on a Week Day (Monday thru Friday)
4. Please refrain from requesting one Mass for two people unless they are a married couple
(Examples: Do not request one Mass for Mother and Son, Brother and Sister, etc.)
5. Please **PRINT LEGIBLY**

NOTE: SEE BACK FOR DATES THAT ARE NOT AVAILABLE FOR MASS INTENTIONS

Ofc	Day	Date	Time	Intention	(L/D)	Requested By
	<i>Tues</i>	<i>01/2/20</i>	<i>7:00am</i>	<i>John & Mary Smith</i>	<i>D</i>	<i>The Smith Family</i>

